

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-876)						SERIAL NO. 09/292,723	FILING DATE 4/15/99				
						APPLICANT(S)					
						CLAIMS					
AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		IND.	IND.	IND.	IND.	IND.	IND.
	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	DEP.
1						181	1				
2						182	1				
3	1					183	1				
4	1					184	1				
5	1					55	1				
6	1					56	1				
7	1					57	1				
8	1					58	1				
9	1					189	1				
10	1					190	1				
11	1					181	1				
12	1					182	1				
13	1					183	1				
14	1					184	1				
15	1					185	1				
16	1					66					
17	1					67					
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35	1					85					
36	1					86					
37	1					87					
38	1					88					
39	1					89					
40	1					90					
41	1					91					
42	1					92					
43	1					93					
44	1					94					
45	1					95					
46	1					96					
47	1					97					
48	1					98					
49	1					99					
50	1					100					
TOTAL IND.	5					TOTAL IND.					
TOTAL DEP.	58					TOTAL DEP.					
TOTAL CLAIMS	63					TOTAL CLAIMS					

*MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

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